



CONSENT TO RELEASE STUDENT EDUCATION RECORDS TO A THIRD PARTY

Student's Information

Name at Time of PSD School Attendance:

Last Name First Name MI

_____/_____/_____
Date of Birth Last PSD School Attended Year

Current Name (if different from above):

Last Name First Name MI

Current Phone Number Current Email

Records Requested

- Attendance Records (Specify Dates: _____) Discipline Records Standardized Test Scores
- Immunization Records Report Card/ Transcript Student Profile
- Enrollment History IEP/504/Spec. Ed. Records (Specify: _____) All the Above (Student Cumulative File)
- Safety Plan
- Other Records (Please be specific): _____

Purpose of release must be for ALL items selected above and will be released to ALL Third Parties Listed on page 2 of this Consent

Purpose for the Disclosure of the Requested Records – Be Specific

Please describe the purpose for the requested disclosing of the records:

PSD will release ALL the specified records requested with ALL Third Parties Listed on page 2 of this Consent

Communication Types and Duration

- Poudre School District may release *documents and other records* contained in the specified educational record.
- Poudre School District may *discuss/verbally release* information contained in the specified education record.
- Poudre School District may *discuss via email* information contained in the specified education record.

Duration of Release – (Check One)

- One-Time Release Current Academic Year Other expiration date: _____

This release expires on the date indicated above unless revoked in writing. Notwithstanding the above, this Consent expires on July 31st of the current year.



CONSENT TO RELEASE STUDENT EDUCATION RECORDS TO A THIRD PARTY

Third Party (Person, Company or Agency) to Whom the Records are to be Released.

Contact Name _____

Company/Agency _____

Phone Number _____

Email _____

Contact Name _____

Company/Agency _____

Phone Number _____

Email _____

Contact Name _____

Company/Agency _____

Phone Number _____

Email _____

Authorization to Release Records

By signing below, I authorize the appropriate office/official at Poudre School District R-1 to release my specified educational record(s) to the Third-Party or Parties listed above subject to the terms specified in this document.

I am the student named above and am 18 years of age or attending a post-secondary educational institution.

Signature: _____ Date: _____

I am the parent/guardian of above named student.

Print Name: _____

Signature: _____ Date: _____

References: FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students.

THIS ORIGINAL FORM MUST BE PUT IN THE STUDENTS CUMULATIVE ACADEMIC FILE OR SENT TO THE POUDRE SCHOOL DISTRICT RECORDS DEPARTMENT – MARKED FOR DISCLOSURE